

# Mobile Integrated Healthcare Workgroup

## Of the Connecticut EMS Advisory Board

### Draft Minutes

April 2, 2015 Meeting

Midstate Medical Center, 435 Lewis Ave, Meriden CT

Attendance: David Bailey, Christopher Waiksnoris, John Spencer, Joshua Beaulieu, Fred Potter, Sean Fitch. **Conference Call-In:** John Quinlavin, Joe Larcheveque, Lenny Guercia

Meeting called to order by David Bailey at 13:05hrs

1. Minutes from previous meeting dated march 12, 2015 accepted. Motion by Josh Beaulieu, second by Sean Fitch
2. SB 800 Update: David Bailey reports that the bill was voted out of the Public Health committee with substitute language which includes a cap of 3 pilot programs, identifies DPH as the overseeing agency, and sets pilot program time parameters. David Bailey believes that there is still some potential for the bill language to be modified further prior to being voted on by the end of the legislative session. Discussion ensued about the potential impact on practical program evaluation of the identified number of allowed pilots coupled with the identified timeframe for implementation and evaluation of a program.
3. John Spencer briefed the workgroup on a MIH pre-conference program that will be offered on May 27<sup>th</sup> at Mohegan Sun, prior to the beginning of the State EMS Expo. Currently participation is anticipated by Brett Meyers, MD and Dan Swayze, PhD, MBA, MEMS. Both are subject matter experts on MIH. The details of the balance of the program are still being finalized.
4. There was a long discussion on data collection. Members present identified the following list of data elements that we should pursue before the next meeting.  
**Lift Assists** - to include the total number in a community and as a percent of overall call volume.  
**Frequent Users** – Identified as any patient being encountered by EMS more than 15 times per year.  
**Hospital Discharges** – Ideally with details to include destination (home, SNF, other) and if to home, is there a plan for homecare in place.  
**Hospital Readmissions** – Ideally with details to include occurrences of readmission for the same complaint as the initial admission and if the initial discharge included a home health or follow-up care plan.

**VNA or Homecare patients** – As a percent of hospital discharges with identification of time to first visit following hospital discharge.

**Hospice** – Revocations of hospice as a % of total hospice patients.

**Refusals** – by clinical impression.

All members present agreed to pursue at least one of the data points listed here and report back at the next meeting.

It was also discussed that we reach out to all workgroup members to ask for assistance in gathering data related to these points from each members own patient population. Dave Bailey will make this request.

5. There was discussion about establishing a meeting schedule for the MIH Workgroup. It was agreed upon that future meetings would be held on the first Thursday of each month from 1pm to 3pm. The location will be announced when available, and keeping the meetings in the center of the State as much as possible will be a general consideration.
6. The next meeting will be held on Thursday May 7<sup>th</sup> at 1pm, location to be determined. The meeting was adjourned at 14:12hrs, motion made by Fred Potter.

Respectfully submitted,

Joshua Beaulieu

Vice Chair

MIH Workgroup